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ABSTRACT

Guidelines are provided for the development of programs in South Carolina for orthopedically handicapped (OH) pupils. Basic information is given concerning the definition of orthopedic handicap, the legal mandates on the education of OH pupils, funding sources, authorized programs (whether self-contained programs, resource rooms, or itinerant programs), requirements for teacher certification, and provision of transportation to OH pupils. Also noted are provisions for removing architectural barriers, the goal of assisting each pupil to reach his/her fullest self-realization, placement procedures, educational goals (self-realization, effective human relations, economic efficiency, and civic responsibility), and the need to individualize curriculum presentation to accord with students' needs. Appendixes contain a list of referral agencies and their addresses, a list of materials and equipment sources and their addresses, and a list of basic equipment (including wheelchairs and wrist weights) that indicates prices. (GW)

ED107045

# Guidelines for the Implementation of Programs for Pupils Who Are Orthopedically Handicapped

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
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by the
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Orthopedically Handicapped

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## *INTRODUCTION*

*A program of education for pupils who are orthopedically handicapped is of growing importance in the total educational opportunities accorded to the citizens of South Carolina. Through the 1972 passage of Article 4.1 of the South Carolina Code of Laws, as amended, mandating appropriate programs for the education of handicapped pupils in public schools, the foundation has been established for a comprehensive, closely integrated educational offering allowing each pupil who is orthopedically handicapped to realize his maximum physical, intellectual, social and emotional potential.*

*The purpose of this publication is to provide a frame of reference for those persons who are responsible for developing, implementing and improving programs for children who are orthopedically handicapped. It is the expectation of the State Department of Education, Office of Programs for the Handicapped, that by providing this information, school districts will ideally fulfill the mandatory requirement for the provision of appropriate services to handicapped pupils.*

*A total instructional program for pupils who are orthopedically handicapped shall be represented by a three-phase plan. This document, which constitutes the first phase, provides guidelines for establishing appropriate programs. Phase two shall exemplify standards of a model orthopedic program in which suggested modifications in facilities, equipment and individually prescribed programs of instruction shall be delineated. Phase three shall provide an evaluative design to determine the effectiveness of the programs.*

I. DEFINITION

Article 4.1 of the Code of Laws of South Carolina, as amended, defines orthopedically handicapped pupils as "pupils of legal school age who have impairments which interfere with the normal functions of the bones, joints, or muscles to such an extent and degree as to require the school to provide special facilities and instructional programs." The handicapping condition may be congenital or may be acquired later in life and may be due to one of the following:

A. Skeletal deformity
   1. Osteogenesis Imperfecta
   2. Legg Perthes
   3. Scoliosis
   4. Club Foot
   5. Osteomyelitis
   6. Bone Tuberculosis
   7. Amputation
   8. Fracture

B. Joint Impairment
   1. Arthritis
   2. Joint Tuberculosis

C. Muscular or Neuromuscular Impairment
   1. Cerebral Palsy
   2. Muscular Dystrophy
   3. Poliomyelitis
   4. Multiple Sclerosis
   5. Spina Bifida
   6. Wry Neck

II. LEGAL BASE

Statutory Law of South Carolina requires that the State Board of Education shall establish a program of specialized education for all handicapped children in the state (§ 21-295.11). Any school which does not or cannot maintain a program because of insufficient numbers of pupils who are orthopedically handicapped must still provide an appropriate program through one of the following administrative arrangements:

A. Multi-District Agreement

B. Other Facilities Agreement

C. In-State Contractual Agreement

D. Out-of-State Contractual Agreement

(§ 21-295.14). Regulations governing these administrative arrangements may be found on pages 83-93 of the Administrators' Guide to Public School Programs for Handicapped Children.

III. FUNDING SOURCES

A. State Aid is available to districts employing teachers of the orthopedically handicapped on the basis of a minimum average daily attendance of eight pupils (§ 21-295.3). To receive state aid a teacher must be certificated in the area of handicapping condition being taught or have sufficient courses in the area to obtain a permit. In the latter, the teacher must continue earning a minimum of six semester hours until certification is completed.

B. The Excess Cost appropriation available to local school districts may provide a reimbursement for certain costs incurred in

operating programs for the handicapped in accordance with the "Standards and Procedures for Implementing the Provisions of Act No. 977 of 1972 to Establish a Mandatory Program of Education of Handicapped Children in the Public Schools." These funds may be used toward the purchase of materials and specialized equipment such as audio-visual and manipulative equipment, therapeutic equipment and/or furniture designed especially for the orthopedically handicapped with emphasis on meeting an individual's need; contracted services such as physical and occupational therapists and teacher aides may also be claimed through excess cost funds. Specific guidelines have been developed to aid districts in obtaining state aid and can be located on page 26 of the Administrators' Guide to Public School Programs for Handicapped Children.

It is recognized that programs for pupils who are orthopedically handicapped are costly. In an effort to implement new programs, many districts have found that initial financial support may be derived through federal projects. The following three sources are suggested as a means of initiating these programs.

C. Title I Funds are designed to assist local school districts in meeting the educational needs of both educationally deprived and handicapped children. If the orthopedically handicapped class is housed in a regular school setting and that school has been determined eligible for Title I funds or if a special school serves those pupils who are orthopedically handicapped in the district, the programs may be eligible for Title I funds. These funds should be used to provide services beyond

those basic services to all children and not to supplant existing local and state monies. The handicapped services shall be provided on an equitable basis with local funds among Title I and non-Title I schools before Title I funds can be used to expand handicapped services in the Title I areas. Items which may be included under this source are: medical exams, dental treatment, field trips, building renovations, inservice training, teacher aides, teacher supplement. However, each school district must investigate all other available resources before these funds may be used.

Additional information may be obtained from individual district Title I coordinators or the Office of Federal Programs, State Department of Education.

D. Education of the Handicapped Act, (EHA), Part B provides monies to assist local school districts in the establishment of programs to serve handicapped children who need special or additional educational programs. These funds are viewed primarily as a means of defraying initial costs of unusually expensive programs.

E. Elementary and Secondary Education Act (ESEA), Title III funds are available to assist districts in establishing innovative and exemplary programs. Fifteen percent of these funds are earmarked for projects for pupils who are handicapped and to develop model programs which may be replicated in other school districts.

IV. AUTHORIZED PROGRAMS

A. Self-Contained Program - The self-contained program enables the pupil to receive instruction from a single teacher for the entire school day. This setting is most appropriate for pupils whose gross motor involvement necessitates one-to-one assistance in classroom activities. The class size should range from 8-12 pupils, and a minimum average daily attendance (ADA) of eight pupils must be maintained (§ 21-295.3 S. C. Code of Laws). According to the Defined Minimum Program for South Carolina School Districts, each teacher shall have a teacher aide full-time. The self-contained program model should be considered if pupils exhibit these characteristics:

1. Severe physical involvement
2. Severe mental retardation
3. Immobility
4. Inability to attend to bodily needs (rest room, feeding)
5. Educational needs dictate adaptations (cannot perform gross or fine motor activities unassisted, page turner needed)

B. Resource Room - The resource room model allows the pupil who is orthopedically handicapped to function in the mainstream and to be assigned to regular classes. In addition, specialized instruction shall be provided as necessary by a certificated teacher of the orthopedically handicapped. If the pupil is mobile with minimal assistance by teachers, aides, or peers, this model may be appropriate. A continuous caseload of 16 pupils is required. The following activities are appropriate for this model:

1. Tutorial or remedial instruction

2. Guidance or counseling

3. Instruction with equipment, i.e., electric typewriter

4. Individualized physical education and recreation activities

5. Planned articulation time between the regular classroom teacher and the resource room teacher, i.e., establishment of educational objectives and delineation of teachers' roles

6. Communication with parents to develop and maintain a positive attitude toward the child

7. Assessment of specific educational and physical needs

C. Itinerant Program - The itinerant model enables the pupil to remain in his classroom for the entire day and to receive supportive services from an itinerant teacher as necessary. A minimum caseload of 16 pupils must be maintained (§ 21-295.3 S. C. Code of Laws). With this model, the role of the itinerant teacher is the facilitator of the total educational process for the pupil who is orthopedically handicapped. If the pupil is able physically, socially, emotionally and academically to remain with his peers in the regular classroom with minimal supportive services, this model would be appropriate.

Specific assistance may include, but not limited to the following activities:

1. Adaptation of materials and equipment to special needs

2. Continual communication and follow-up with ancillary agencies providing services to the pupil

3. Assistance to classroom teacher in carrying out speech and physical therapy treatments

4. Consultation with regular classroom teacher regarding special teaching skills
5. Supplement the work of the regular classroom teacher
6. Provide individualized instruction to children
7. Communication with parents to develop and maintain a positive attitude toward the child
8. Interpret medical information to teachers when necessary
9. Locate additional supportive services when necessary
10. Communication with school personnel (principals, other teachers, social worker)

## V. TEACHER CERTIFICATION

Teachers who instruct pupils who are orthopedically handicapped must hold either a valid South Carolina teacher's certificate that qualifies them to teach in the area or a credential (permit) which, with an additional six semester hours credit, will enable them to teach in another area for one year.

It must be realized that the area of the orthopedically handicapped has a low incidence percentage (.50) and that insufficient numbers of certificated teachers may exist in the public school program. Considering these factors, it may be prudent to employ teachers certificated in the area of learning disabilities or regular education until fully certificated teachers of orthopedically handicapped are available.

VI. TRANSPORTATION

The Appropriations Bill, 1974-1975 of the South Carolina General Assembly placed the responsibility for transporting handicapped school children in the Department of Education. Specifically, the Bill states:

> *"Provided, Further, That, notwithstanding the provisions of Section 21-295.14, Section 21-834, and Section 21-829.4 Code of Laws of South Carolina, 1962, the State Department of Education has the resporsibility for transporting handicapped children, within any school district, to the nearest school in which a class is located serving the pupil's handicap."*

The transportation of school children is administered by:

Mr. Ralph Hendrix, Director
Office of Transportation
South Carolina Department of Education
Rutledge Office Building
1429 Senate Street
Columbia, South Carolina 29201
(758-2762)

Where possible regular transportation facilities shall be utilized to serve children who are orthopedically handicapped. To the maximum extent practicable, these children should receive services along with children who do not have handicaps. Programs should be physically located to insure minimal travel time.

When specialized transportation for pupils who are handicapped is necessary, certain modifications of the vehicle may be appropriate. If a regular-sized school bus or mini bus is used, the following changes should be considered:

A. Seat belts for each passenger

B. Aisles wide enough for children with crutches, braces or in wheelchairs

C. Removal of a portion of the seats for children in wheelchairs to be locked into place

D. Hydraulic Lift or folding ramp for wheelchairs

An emergency first aid kit should also be included with special consideration for those children who may have seizures.

Considering the diverse handicapping conditions of the pupils, it would be prudent to include an aide on the bus to assist the driver with the physical handling of the children as well as to provide for emergency contingencies. Through pre-service and in-service training, both aide and driver should be fully acquainted with the special needs of the children and with first aid measures as may be deemed necessary.

## VII. RENOVATIONS

Though renovations will necessarily be peculiar to the population being served, the following provisions may be fundamental when removing architectural barriers for pupils who are orthopedically handicapped:

A. Ramps - Exit and entrance ramps with gradients

B. Site - Grading of ground to make building and playground easily accessible

C. Floors - Nonslip surface (through use of rubber mats)

D. Restrooms

1. Toilet stalls

a. with thirty-two (32) inch wide doors that are out-swinging

b. hand rails on each side of stall

2. Changing table

E. Library

1. Bookshelves accessible by wheelchair

2. Aisles wide enough for wheelchairs

A guide for these specifications is the American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped. This publication may be obtained free of charge from:

National Society for Crippled Children and Adults, Inc.
2023 West Ogden Avenue
Chicago 12, Illinois 60612

F. Furniture - Specially designed furniture is often necessary for children who are orthopedically handicapped. Frequently, an appropriate piece of furniture provides a safe and facilitative means of enabling the child to be as independent as possible. For furniture designed especially for these pupils, see Appendix C.

## VII. PROGRAM PURPOSE

The education of children who are physically handicapped is definitely related to the education of all children. Program emphasis should be placed on: perceiving the child as a total individual with positive qualities other than his physical handicap; assisting the child to reach his fullest self-realization; focusing on classroom medical management rather than on the medical aspects of the debilitating condition; and aiding the child to become a contributing member of society.

"Special" provision should be made for physical, medical and health reasons, which will be compatible with the promotion of academic

success. This success is foremost in the promotion of a positive self image and will be facilitated by an individualized instructional program. If a child must be removed from any normal activities to meet his individual needs, he should be moved the least possible distance in time and geographical space. If specialized instruction can be provided within the regular classroom setting, the pupil should not be made to feel isolated or "different" but rather a part of the total classroom environment. An exception may occur for children with neurological disorders who may have conceptual as well as perceptual impairments. These children's learning styles dictate specialized instruction.

## IX. PLACEMENT PROCESS

The State Board of Education has defined pupils as being orthopedically handicapped if an appropriately licensed physician has certified in writing that the child is indeed physically handicapped. This written report shall include a description of the handicap and an estimate of the child's need for special placement from a medical perspective. If cognitive and/or emotional disturbances are manifested, a psychological evaluation may be necessary. Upon completion of a medical report and psycho-/socio-/educational evaluations, placement of the pupil shall be contingent upon the approval of a district placement committee appointed for that purpose. To ensure maximal educational progress, there must be cooperative planning between the school and the parent or guardian and the acceptance of mutual responsibility for the pupil's educational plan. Every effort must be made by both parties that the best possible educational programs and services are provided the child.

X. PROGRAM GOALS

The basic educational goals for pupils who are orthopedically handicapped are essentially the same as for all school children; moreover, the educational experiences provided should be continual, whether classroom or homebound instruction is necessary. According to the Educational Policies Commission, the primary goals include:

A. Self-realization - Because of their handicapping conditions, many pupils who are orthopedically handicapped anticipate rejection by peers and often have feelings of inadequacy about themselves. To develop a feeling of security, belongingness and self-respect is foremost in order for these pupils to achieve to their maximum in cognitive, affective and psychomotor skills. Good mental health is a vital factor in the educational process and must be fostered by the promotion of emotional maturation and psychological independence. In order to live with themselves, they must be provided with coping skills - skills to cope with their own handicap, with their family and peers, with the school curriculum, and with the non-handicapped world in which they live.

B. Human Relations - The pupil should be able to relate appropriately to peers and family by the promotion of language and social interaction.

C. Economic Efficiency - Competency and skill with regard to physical coordination, body mastery and mobility should be enhanced by adapting the pupil's physical limitations to his environment or by adapting the environment to his physical limitations. These competencies shall facilitate the development and improvement of

self-help and vocational skills which will lead to productive activity and render the child as economically efficient as practicable.

D. Civic Responsibility - The pupil should become actively involved in the community to the maximum of his potential and gain a basic knowledge of the community.

## XI. CURRICULUM

The curriculum for pupils who are orthopedically handicapped does not differ significantly from the curriculum for students who are in regular classes, further, an ongoing, sequentially developed program of instruction is vital to the total education process and should not be replaced by a "watered down" curriculum for these pupils. Children who are orthopedically handicapped may also have concommitant handicaps and, therefore, must have an instructional program individually designed for their particular needs; learning disabilities associated with cerebral dysfunctions, impaired communicative ability, hearing problems as well as mobility problems may be present. To meet the pupil's individual needs, adaptations of methods, techniques and materials are often necessary. The typewriter, for example, may provide an essential means of communication for pupils with cerebral palsy. Adaptation of the physical surroundings for the facilitation of learning may be achieved through the use of: recorders, cassettes, talking books, communication boards, overhead projectors or film strip projectors. Though one class may have a number of pupils of various chronological ages and different ability levels, the following curriculum areas are essential

to any class regardless of age or levels. It is not the intention of this publication to address specific instructional techniques. This will be developed in phase two of this document; however, initial consideration shall be accorded to such activities. These areas may include but not be limited to:

A. Communication by whatever means possible, i.e., pointer and communication board, facial expressions, signals and other means of non-verbal communication.
B. Activities inolving the training of perceptual skills
C. Highly expressive creative activities in mucis, art, and writing
D. Self-help skills, i.e., dressing, feeding, toileting
E. Gross motor activities, i.e., throwing, catching
F. Fine motor activities, i.e., writing, drawing

One should consider the following when developing the educational plan:

A. The degree of severity of the orthopedic and concomitant problems
B. The limited exposure to the physical environment due to immobilization
C. Probable inappropriate or inconsistant parental guidance and undue pampering or rejection of pupil by parent
D. The personalities involved
E. The circumstances of the appropriate regular classroom

For those pupils with severe physical involvement, curriculum strategies may be geared toward developing a listening vocabulary, participation in group communication activities and the enjoyment of the arts.

To provide a continual educational program, homebound instruction may be necessary during prolonged periods of hospitalization or recuperation. In the past, homebound instruction has been an educational alternative when no appropriate programs have been provided; however, with the passage of the mandatory law, school districts are required to provide handicapped pupils with programs and services appropriate to their individual needs and not to supplant the classroom activities with homebound instruction.

Appendix A

Referral Agencies

## Services Through Ancillary Agencies

It may be necessary to seek additional services beyond those provided by the local education agency in an effort to meet the total needs of children who are orthopedically handicapped. Examples of specific services include:

1. In order for a child with cerebral palsy to have the necessary physical and/or occupational therapy, the Easter Seal Society for Crippled Children and Adults should be contacted. In addition, the Society provides evaluations, special programs, and equipment loans.

2. Travel to doctor appointments, dental checkups, and recreational activities are provided through the Family Services Center.

3. The services available through the Muscular Dystrophy Association of America include a camp for children with muscular dystrophy, orthopedic appliances, transportation for specified purposes, and therapy.

4. The Division of Crippled Children's Care is designed to provide diagnostic evaluations to any child who has or is suspected of having a handicapping condition.

## Referral Agencies

* Easter Seal Society for Crippled Children and Adults
Mrs. T. Jackson Lowe, Director
3020 Farrow Road
Columbia, South Carolina 29203

Greenville County
Easter Seal Committee
826 East Washington Street
Greenville, South Carolina 29601
Director: Ms. J. B. Lott

Greenwood County
Easter Seal Committee
Self Memorial Hospital
Alexander Street
Greenwood, South Carolina 29646
Director: Ms. Doris S. McKinney, OTR

Spartanburg County
Easter Seal Committee
Spartanburg General Hospital
Post Office Box 2143
Kennedy Street Station
Spartanburg, South Carolina 29302
Director: Ms. Sally Brawley

Easter Seal Occupational Therapy Center
1104 Ella Street
Anderson, South Carolina 29621
Director: Ms. Patricia Lawton, OTR

* Family Services Center
Mr. J. B. Brannen, Director
Services to Families of Handicapped Children
Miss Betty Easler, Coordinator of Services
1845 Assembly Street
Columbia, South Carolina 2920[illegible]

Charleston County Department of
Social Services
409 County Center
Charleston, South Carolina
Director: Mr. William J. Knowles

Family Services of Charleston County
Community Services Building
30 Lockwood Boulevard
Charleston, South Carolina 29401
Director: Mr. H. D. Free

Family and Children Services
9th Floor Insurance Bldg.
Box 10306, Federal Station
Greenville, South Carolina 29601
Director: Ms. Amelia K. Croft

* Muscular Dystrophy Association of America, Incorporated
Mr. John T. Verneen, District Director
Mrs. Dianne Andrews, Patient Service Coordinator
533 Harden Street
Columbia, South Carolina 29205

Muscular Dystrophy Association of America
512 Tettigru Street
Greenville, South Carolina
Director: Ms. Laura Tomlin

* Shriners' Hospital
Mrs. Alma E. Ehrhammer, Director
2100 North Pleasantburg Drive
Greenville, South Carolina 29606

* South Carolina Department of Health and Environmental Control
Division of Crippled Children's Care
Dr. E. K. Aycock, Health Officer
Miss Elizabeth King, Director
2600 Bull Street
Columbia, South Carolina 29202

Aiken Crippled Children's Clinic
Aiken Health Department
Aiken, South Carolina 29801

Catawba Crippled Children's Clinic
Lancaster Health Department
Lancaster, South Carolina 29720

Columbia Crippled Children's Clinic
State Park Health Center
State Park, South Carolina 29147

Florence Crippled Children's Clinic
McLeod Infirmary Annex
Darlington Highway
Florence, South Carolina 29501

Charleston Crippled Children's Clinic
Medical University of South Carolina
Medical University Research Building
80 Barre Street
Charleston, South Carolina 29401

Greenwood Crippled Children's Clinic
Greenwood Health Department
Greenwood, South Carolina 29646

Spartanburg Crippled Children's Clinic
Spartanburg Health Department
Spartanburg, South Carolina 29303

Wateree Crippled Children's Clinic
Sumter Health Department
Sumter, South Carolina 29150

Greenville Crippled Children's Clinic
Greenville Health Department
Post Office Box 2507
Greenville, South Carolina 29602

* United Cerebral Palsy of South Carolina
Miss Delores Jackson, State Executive Director
1316 Pickens Street
Columbia, South Carolina 29204

Cerebral Palsy Developmental Center
900 South Adams Street
Florence, South Carolina 29501
Director: Ms. Kay Williamson

Conway Center
Post Office Box 765
c/o West Conway Elementary School
Conway, South Carolina 29526
Director: Ms. Gail Marlowe

Appendix B

Materials and Equipment Sources

## Materials and Equipment Sources

* IBM Corporation
  Sales and General Office
  1800 Main Street
  Columbia, South Carolina 29201
  Telephone Number: 779-6623
  Contact Person: Mr. Bill Carter

Materials available at above source:

Used electric typewriters may be obtained at a very reasonable cost for persons who are handicapped. Key guards can be attached. Available for purchase by: parent of handicapped person, organizations, handicapped individual.

* Columbia Brace Shop, Inc
  1800 Taylor Street
  Columbia, South Carolina 29201
  Telephone Number: 256-4359
  (branch offices in Rock Hill, Spartanburg, and Augusta)

Items available at above source:

walkers, wheelchairs, orthopedic shoes

* Therapy Equipment Sales Company
  7700 Hair Street
  Columbia, South Carolina 29209
  Telephone Number: 766-3820
  Contact Persons: Mr. Tom Deloach
  Mr. Blaine H. Whorton

Items available at above source:

walkers, crutches, wheelchairs, weights

* Palmetto Brace Shop
  1916 Hampton Street
  Columbia, South Carolina 29201
  Telephone Number: 254-1632

* Learning Resources Center
  South Carolina Department of Education
  1406½ Gervais Street
  Columbia, South Carolina
  Telephone Number - 758-3250 or 758-3588

* J. A. Preston Corporation
71 Fifth Avenue
New York, New York 10003

Materials available at above source:

Equipment for Perceptual Dysfunction
Equipment for Health Care and Rehabilitation
Wheelchair Catalog

* Everest and Jennings, Inc.
1803 Avenue
Los Angeles, California 90025

Materials regarding wheelchairs

* Easter Seal Society
or
Division for the Blind and Physically Handicapped
Library of Congress
Washington, D. C. 20542

Materials available through above sources:

Talking Books for Crippled Children

* Special Education Materials, Inc.
484 South Broadway
Yonkers, New York 10705

* Flaghouse, Inc.
18 West 18th Street
New York, New York 10011

Material available at above source:

Wholesale Catalog of Physical Education and
Recreation for Exceptional Children and Adults

* Adaptive Therapeutic Systems, Inc.
36 Howe Street
New Haven, Connecticut 06511

* Medical Department
Harper and Row, Publishers
Hagerstown, Maryland

Material available at above source:

Functional Aids for the Multiply Handicapped

Appendix C

Basic Equipment List

Though an equipment list would ultimately be dependent upon the population to be served, Appendix D will provide a fundamental listing to which additional specialized items may be added. Caution should be taken when ordering equipment, for one should keep in mind the goal which each item should serve. Ideally, equipment should not be ordered until the pupils have been identified, since it is how a piece of equipment is used that makes it functional. The prices indicated are an estimate and it should be noted that they do fluctuate. These items are approvable under Excess Cost monies.

| Basic Equipment List | Approximate Cost |
|---|---|
| 1. Wheelchair table | $250.00 |
| 2. Standing table | $180.00 |
| 3. Adjustable height chalkboard easel | $15.00 |
| 4. Stableizer | $85.00 |
| 5. Wheelchair | $300.00 |
| 6. Exercise mat | $75.00 |
| 7. Electric typewriters with key guard | $550.00 |
| 8. Book holders | $4.00 |
| 9. Wrist weights (of various sizes) | $4.00 |
| 10. Magnetic wrist hold-down | $15.00 |
| 11. Writing frame | $4.50 |
| 12. Electric page turner | $310.00 |